' U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U -

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

	1 / 1 / 200 Through: 12 / 31 / 2009	
3. Name and address of person filing.	Name, file number, and address of labor organization.	
Name	Name Service Employeer International Union	
T. Michael Kerr	Labor Organization File Number 000-137	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street 529 Cedar St NU	Street 1313 L St. NW	
City Washington	City Washing ton	
State	State DC ZIP Code +4 2 2005	
5. Position in labor organization.	to the Secretary Treasurer	
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):		
A. Held an interest in, engaged in transactions (including loans) with, or or monetary value from an employer whose employees your organization.	derived income or other economic benefit of on represents or is actively seeking to represent.	
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
Name		
Trade Name, if any:	The state of the s	
P.O. Box, Bldg., Room No., if any		
horizontal international and the second	7.b. Amount.	
Street		
City		
State ZIP Code + 4		
ZI WET4		
Signature		
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
$\sim \sim $		
Signed	On 78/05 202-878-7339 Date Telephone Number	
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any). Name Jatica Studley Inc Trade Name, if any: P.O. Box, Bldg., Room No., if any Suite 420 Eact Street 555 13 5+ NW City Wastington State DC ZIP Code +4 20004	9. Business deals with: a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Trade Name, if any: P.O. Box, Bidg., Room No., if any	broker	
Annual control of the		
Street	11.b. Approximate dollar value of such dealing. 7 420, 000.00	
City	12.a. Nature of interest held or income received.	
State ZIP Code + 4	chartman Barket Jeft out for SEIU staff	
	left out tor SELY statis	
	12.b. Amount.	
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	12.b. Amount.	
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	12.b. Amount.	
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant	12.b. Amount. 12.b. Amount. 12.b. Amount. 12.b. Amount. 12.b. Amount. 13.b. Amount. 14.b. O. O. 15.b. O. O. 16.b. O. O. 17.b. O. O. 18.b. O. O. 19.b.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	12.b. Amount. 12.b. Amount. 12.b. Amount. 12.b. Amount. 12.b. Amount. 13.b. Amount. 14.b. O. O. 15.b. O. O. 16.b. O. O. 17.b. O. O. 18.b. O. O. 19.b.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name	12.b. Amount. 12.b. Amount. 12.b. Amount. 12.b. Amount. 12.b. Amount. 13.b. Amount. 14.b. O. O. 15.b. O. O. 16.b. O. O. 17.b. O. O. 18.b. O. O. 19.b.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any:	12.b. Amount. 12.b. Amount. 12.b. Amount. 12.b. Amount. 12.b. Amount. 13.b. Amount. 14.b. O. O. 15.b. O. O. 16.b. O. O. 17.b. O. O. 18.b. O. O. 19.b.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	12.b. Amount. 12.b. Amount. 12.b. Amount. 12.b. Amount. 12.b. Amount. 13.b. Amount. 14.b. O. O. 15.b. O. O. 16.b. O. O. 17.b. O. O. 18.b. O. O. 19.b.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	12.b. Amount. 12.b. Amount. 12.b. Amount. 12.b. Amount. 12.b. Amount. 13.b. Amount. 14.b. O. O. 15.b. O. O. 16.b. O. O. 17.b. O. O. 18.b. O. O. 19.b.	

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	File Number U-
B. Held an interest in or derived income or economic benefit with monetary vasubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actionable to the consists of buying from or selling or leasing directly or including with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or firectly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name Ursan Realty Advisors	promote
Trade Name, if any:	a. Labor Organization b. Trust
P.O. Box, Bldg., Room No., if any Suite 825	c. Employer
Street 1640 Khole Tsland Ave	Aproved -
On Washington	
State D ZIP Code + 4 20036	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	Construction Project
Trade Name, if any:	Manager
P.O. Box, Bldg., Room No., if any	
Street	11.b. Approximate dollar value of such dealing. 180, 090.59
City	12.a. Nature of interest held or income received.
State ZiP Code + 4	Christmas Food Basket
	> 1 eft out at SEIU. For)
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	12.b. Amount. #54.54
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money	r parts A and B above)
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant	r parts A and B above)
or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.
Trom any labor relations consultant to an employer any payment of money Name and address of Employer or Labor Relations Consultant (including trade name, if any).	r parts A and B above) or other thing of value.
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name	r parts A and B above) or other thing of value.
Trade Name, if any: 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any:	r parts A and B above) or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	r parts A and B above) or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	r parts A and B above) or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City	r parts A and B above) or other thing of value.

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Name of Person Filing T. Mileel Ker	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Gens (er	- Survey	
Trade Name, if any:	a. Labor Organization	
P.O. Box, Bldg., Room No., if any	b. Trust c. Employer	
Street 2020 14 5+ NU	C. Employer	
City Washing ton		
State		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	a-chitectural services	
Trade Name, if any:	The state of the s	
P.O. Box, Bldg., Room No., if any		
Street	11.b. Approximate dollar value of such dealing.	
City	12.a. Nature of Interest held or income received.	
State ZIP Code + 4	received a tie at Christmas	
	reinswert Genter Full in	
	2005	
	12.b. Amount. 7 2 6 2 5	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.	
(including trade name, if any).		
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	

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